

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

ADDRESS (number and street)

1305 CORPORATE CENTER DR

☐ (Check if address is changed)

EAGAN

CITY ▲

MN

STATE ▲

55121

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

PrimePAC@PrimeTherapeutics.com

Optional Second E-Mail Address

DRoot@PrimeTherapeutics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
04 / 11 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00498105

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kolar, Michael, , ,

Signature of Treasurer Kolar, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 11 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)